

<b>IN UNITED STATES</b>		<b>MAGISTRATE</b>	<b>DISTRICT</b>	<input type="checkbox"/> <b>APPEALS COURT or</b>	<input type="checkbox"/> <b>OTHER PANEL (Specify below)</b>
IN THE CASE					
USA	V.S.	<u>Francisco</u> <u>Navarro</u>	FOR	AT	LOCATION NUMBER ▶
PERSON REPRESENTED (Show your full name) ▶			1 <input checked="" type="checkbox"/> Defendant—Adult 2 Defendant - Juvenile 3 Appellant 4 Probation Violator 5 Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other		DOCKET NUMBERS Magistrate District Court Court of Appeals
CHARGE/OFFENSE (describe if applicable & check <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor)					

<b>ASSETS</b>	<b>EMPLOYMENT</b>	Are you now <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____									
	<b>OTHER INCOME</b>	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____									
	<b>CASH</b>	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____									
	<b>PROPERTY</b>	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width: 100%;"> <thead> <tr> <th style="width: 40%;">VALUE</th> <th style="width: 60%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	VALUE	DESCRIPTION	NONE						
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NONE											

<b>OBLIGATIONS &amp; DEBTS</b>	<b>DEPENDENTS</b>	MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>4</u>	List persons you actually support and your relationship to them _____ _____ _____
	<b>DEBTS &amp; MONTHLY BILLS</b>	APARTMENT OR HOME: <u>significant medical</u> CREDITORS: <u>debts due to</u> <u>health insurance</u> <u>and lengthy hospitalization</u>	Total Debt \$ _____ \$ _____ \$ _____	Monthly Paymt. \$ _____ \$ _____ \$ _____
	(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)			

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

7/14/04SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)Francisco S. Navarro